610.5
M547

November, 1942

NOV 28 '42

BULLETIN OF THE MENNINGER CLINIC

VOLUME 6

NUMBER 6

TOPEKA
KANSAS

Contents

MENNINGER FOUNDATION ACTIVITIES 169

WORK AS A SUBLIMATION. *By* Karl A. Menninger, M.D. 170

THE CRITICAL MOMENT IN PSYCHOTHERAPY. *By* Maxwell Gitelson, M.D. 183

FREUD'S CONTRIBUTION TO THE PROBLEM OF MENTAL HEREDITY. *By* Leo H. Bartemeier, M.D. 190

PRIZE ANNOUNCEMENT 197

MILITARY ROSTER 198

Index 199

Issued bi-monthly by THE MENNINGER CLINIC, TOPEKA, KANSAS
Volumes begin with the January number. Annual subscription rate, $2.00.
Single numbers, 50¢.

Copyright, 1942, The Menninger Clinic

Medical
8
7-13-43

Bulletin of
THE MENNINGER CLINIC

VOLUME 6 November, 1942 NUMBER 6

MENNINGER FOUNDATION ACTIVITIES

Psychological testing procedures for the appraisal of personality characteristics and for the diagnosis of psychiatric disorders have become firmly established as aids in clinical practice. But, although practical application attests the value of these procedures, their relationship to each other and their simultaneous use to the end of reaching an estimate of intelligence, personality description, and diagnostic classification remains largely unclarified. The fact also that no single test has been found a consistently reliable indicator in clinical practice makes an inquiry into these relationships imperative.

Guided by the impression that research results showing the relative merits of different diagnostic procedures and their interrelationships would be of value to the psychologists in the military forces in appraising personality, personality disorders, and adjustment difficulties, a research has been initiated at the Menninger Clinic with the aid of a joint grant from the Menninger Foundation and the Josiah Macy, Jr. Foundation. A psychiatrist and a clinical psychologist, with the aid of a statistical assistant, are at work evaluating 250 clinical cases and 50 normal control subjects tested with a battery of six tests: Bellevue Adult Intelligence Scale; Babcock Deterioration Test; Rorschach Ink-Blot Test; Thematic Apperception Test; B.R.L. Sorting Test; Hanfmann-Kasanin Concept Formation Test.

It is hoped that by July 1, 1943, the results of this research will be made public. A manual comprising the methods of correlative interpretation of such a battery of tests as well as a monograph summarizing the data and findings are planned.

Toward the national program of furthering mutual understanding with our Pan-American neighbors, copies of this and subsequent issues of the Bulletin are being sent at their request and with our compliments to colleagues in Mexico, Cuba, Porto Rico, Colombia, Guatemala, Salvador, the Dominican Republic, Ecuador and Peru.

WORK AS A SUBLIMATION*

By Karl A. Menninger, M.D.

Sublimation, which has been described as "the keystone of our culture,"† is a psychological process for which Freud introduced this term in his celebrated *Three Contributions to the Theory of Sex* published in 1905. At that time he believed that the chief function of the ego was the direction and control of the sexual impulses and their adaptation to reality and social law. His idea was that some sexual energy was "sublimated" or converted into desexualized activities which were socially acceptable. He was not entirely original in this. The same idea had been suggested as long ago as Ovid (who advised that "you who seek a termination of your passion, attend to your business; . . . soon will voluptuousness turn its back on you"),‡ and by many others since Ovid.

Dr. Harry B. Levey (*op cit*) has made a very careful study of the changes in Freud's formulation subsequent to 1905 and the interpretations made of it by other analysts and concludes his excellent survey with the comment that "the concept of sublimation is an improved recapitulation of empirically known facts (but) . . . we have neglected to revise it in accordance with metapsychological standards." As his review shows, Freud never revised his theory of sublimation in accordance with his revision of the instinct theory.

I think this revision in the concept of sublimation is now clearly indicated. It is generally accepted, even by those who do not subscribe to the instinct theory as a whole, that the ego has to manage not only the sexual impulses but also the aggressive tendencies, whatever their source. Those of us for whom the dual instinct theory of constructive and destructive impulses best explains the phenomena, conceive of the life instinct (the erotic impulses) as the chief influence whereby the destructive impulses are harnessed and redirected. In a primitive civilization, it is unnecessary to modify or to restrain either the aggressive or the erotic impulses, but in a civilized world it is necessary to restrain both, and this restraint is accomplished by fusion. If the erotic impulse sufficiently dominates, the result is constructive behavior; if the aggressive impulses dominate, the result is more or less destructive behavior. We could summarize the fate

* A portion of a chapter from the author's book, *Love Against Hate* to be published, approximately simultaneously with this issue, by Harcourt, Brace and Company.

† Levey, Harry B.: A critique of the Theory of Sublimation. *Psychiatry*, 2: 239–270, May 1939.

‡ *Heroides*. (Trans. by Riley.) London, Bohn's Libraries, 1912. Quoted by W. S. Taylor: *A Critique of Sublimation in Males*. Genetic Psychology Monographs, No. 13, page 9 (January), 1933.

of the aggressive energy in the theoretically normal person thus: some of it is completely repressed, some is expressed directly in self-defense or in the protection of others; some is internalized as conscience, and some is sublimated, that is, converted into useful but essentially aggressive activity. In the less normal individual, we must allow for the portion which is directly expressed against others as cruelty, crime, provocativeness, etc., and that which is directed back upon the self as depression, inhibition, illness, neurosis, and suicide.

I have elaborated this theory of sublimation in the book referred to at the beginning of this article and I wish here to present somewhat more fully one particular form of sublimation; namely, work.

Of all the methods available for absorbing the aggressive energies of mankind in a useful direction, work takes first place. It may not be the oldest, it certainly is not the most pleasant. But it has a certain realistic quality which makes it seem the most practical and obvious of all sublimations. Almost everyone would accept it as self-evident that we must work in order to live; not everyone believes that we must play in order to live, or that we must have something to believe in or to love.

Furthermore, the connections of work with the destructive instinct are close and clear. It is easy to see that all work represents a fight against something, an attack upon the environment. The farmer plows the earth, he harrows it, tears it, pulverizes it; he pulls out weeds, or cuts them, or burns them; he poisons insects and fights against drought and floods. To be sure, all this is done in order to create something, for which reason we can call it work and not rage. The destructiveness is, so to speak, specialized or selectively directed, and a net "product" is obtained. But even this product must be torn or cut from its producing matrix by dint of more labor, transported by labor to other places for storage or consumption, prepared for use as food or clothing by still further destructive energy. It is cut, crushed, scorched, torn, burned boiled, twisted, combed, exposed to the sun and air for desiccation. The construction of sheltering granaries requires the destruction of trees or the splitting and avulsion of rocks and the reassembly of the fragments into an artificial structure. The forging of tools or weapons, the making of clothes, even the fabrication and hoarding of money, the symbol of value, require the expenditure of aggressive energy.

One could carry the illustration further into the realms of mastering the sea and the air, or forcing earth, clay, or metal into molds, or creating energy by burning carbon, or slaughtering animals for food and clothing. In every instance it is the same: destructive energy is applied to a constructive goal through discriminating between the desirable and the undesirable, and encouraging the former by eliminating or suppressing or altering the latter.

The reader may feel a little taken in by the selection of these examples; he may think rather of such illustrations as the work of the housepainter, the seamstress, the lawyer, or the banker—which do not seem to be so obviously destructive. I admit that there is room for argument at this point. Some of my colleagues* feel that we must distinguish another element in work, best described as an impulse toward mastery—controlling, re-forming, organizing, directing, etc. But to me this urge to master something, whether it be a mechanical puzzle or a complicated accounting problem or a recalcitrant horse, seems to be indistinguishable in its *essence* from the aggressive, destructive impulse, purposively and expediently directed. To the extent that something is mastered, some kind of resistance is broken down or overcome. Of course the destructiveness of the whaler is different from that of the lumberman, and the destructiveness of the lumberman is different from that of the miner, and that of the miner is different from that of the surgeon; but all of them are working *against* something in an effort to master a situation or a material and to produce something in the end. It is the modification of this destructive energy in such a way as to achieve this creation of something that distinguishes work from wanton destructiveness.

It may also be objected by some that it is not always love that modifies the aggressive energies in such a way as to make them useful and fruitful. Hunger, the need for protection against the elements, the fear of approaching enemies—these would seem to be the more immediate determinants of the labors described. Man must eat to live and he must work to eat, we are reminded. But this objection loses sight of the broader concept of love that is implied in this discussion, just as the other objection takes too narrow a view of aggression. This is the old stumbling block in the psychoanalytic theory of twenty years ago, a stumbling block that for many years confused even Freud's thinking. For one cannot fruitfully divide the function of love as applied to the fostering of one's own life, and love as applied to the fostering of another's. Love is the reflection of the instinct of life, and the love of ourselves is of the same texture as the love of others; it is the love of life itself. What man does to survive is dictated by the same love that dictates his compulsion to continue the race. The immediate emotional stimulus may be fear, or anger, or curiosity, or cupidity, or the desire for warmth and peace and caresses, but the instinct is the same.

So we shall not linger over these objections. The essential point is that

* Ives Hendrick, "Work and the Pleasure Principle," read before the 44th meeting of the American Psychoanalytic Association, May 18, 1942; and S. Bernfeld, *The Psychology of the Infant*, Brentaño's, 1929.

in work, as contrasted with purposeless destruction, the aggressive impulses are molded and guided in a constructive direction by the influence of the creative (erotic) instinct.

Savage man's first work was killing. He hunted and killed men and beasts. Closely allied to this work was worship, which consisted of sacrifice and efforts to propitiate the gods and to forestall *their* aggressions. With the development of social organization, certain important changes took place. Mutual agreements had to be made between individuals for purely selfish reasons, to impose some restrictions upon indiscriminate destruction. According to Freud's concept, it was the father of the primitive horde who ended the rule of complete individualism and by means of his prohibitions directed the destructive energies toward constructive ends. These ends might be considered constructive primarily from *his*, the ruler's, standpoint; they were enforced through his power and for his purposes. But they also contributed to the personal advantage of the individual members of the group since they enabled them to concentrate destructive energies against foes. But discipline, obedience, the postponement of personal gain for communal good, and the restriction of destruction to certain specified objects were probably initiated by force, and while they afforded personal advantages to the individual they were accepted only with resentment. This resentment against the power of authority is still to be seen in the way in which work tends to be regarded as a necessary evil. Work became dissociated from pleasure to the extent that it became dissociated from individual initiative. The conception of work as drudgery which everyone experiences to some extent, and which some persons experience in a very high degree, is bound up with this resistance to authority. In the course of time, with the development of society, this authority became introjected, and work—which had formerly been a free outpouring of aggressive energies—became surrounded with a certain sentimental, sacrificial halo. It was described as ennobling and considered an end in itself. But it was still "*work*."

Aversion to work does not spring solely from resentment against its necessity. If we ask ourselves just what it is in work that makes for drudgery, some of us might say it is monotony; others might say that it is the entailment of pain or muscular exertion—or the impossibility of seeing tangible results—or its lack of connection with any creed or purpose. All these factors are probably present.* It would be interesting to examine how it came about that some people must do continuously what seems chiefly drudgery, while other people are able to do what seems to be

* For a discussion of factors improving and impairing productivity in work, see A. C. Ivy, "The Physiology of Work," *Journal of the A. M. A.*, 118: 569–73, February 21, 1942.

pleasurable and even delightful work, if indeed it can be called work at all. Some anthropologists explain this by the theory that it was originally a question of physical power: men preferred the labor of hunting, and they were stronger than women, so they made the women (and the slaves) do the cooking, the firebuilding, and the other things that they (the men) didn't "like" to do. "Work only tires a woman, but it ruins a man," runs an old African proverb. Others explain the specialization as the consequence of some sort of instinctual predilection, as discussed in the chapter on femininity. Marxians, of course, explain it on the basis of economic determinism and the power of accumulated capital (or, prior to the capitalistic period, some other form of organized power). Psychologists in the past explained it on the basis of intellectual capacity. This theory was very flattering, and—while it remained current—certain stupid but financially successful persons made the most of it. Probably all of these factors have entered into the differentiations in quality of specialized labor. Thorstein Veblen[1] and many others have analyzed this problem in recent years with varying conclusions.

The very multiplicity of theories to explain the painfulness of work suggests that none of them is adequate. We may venture, therefore, to add another interpretation in line with our psychological theories. Perhaps we could define drudgery as that form or aspect of work in which the satisfaction of the aggressive element is not combined with sufficient erotization to give some degree of conscious satisfaction in the work itself. The satisfaction in work may be related to the product, as for example the pleasure an artisan receives from making a beautiful vase or an author from writing a good book. Or it may be related to the approval received from a superior, or the feeling that the work has been done for his sake. Or the pleasure may be derived chiefly from a sense of cooperation, companionship, *esprit de corps*, brotherhood. Finally it may be derived from some erotization of the actual techniques involved in the performance of the labor itself.* I remember a charwoman who used to get a most evident pleasure out of her daily floor-scrubbing. It was not only that she took pride in the thoroughness of her cleansing, or in the compliments she received from people who praised her assiduousness: she actually *liked* to swash around in the suds and would attack the dirty floors with something of the vehement pleasure portrayed in the advertisements for Old Dutch Cleanser. Yet what could be worse drudgery for the average person than floor-scrubbing? All of the above are ways in which the erotic instinct can actually neutralize the destructive elements in the work sublimation.

If work is done only by compulsion, external or internal, if it gives none

* Bernfeld and Hendrick (*op. cit.*) make much of this last point as the basis of satisfaction in artisanship, craftsmanship, skill in painting, etc.

of the pleasures just mentioned, it is felt to be drudgery, and it is not a complete sublimation. "Take, for instance, the housewife's occupation: cleaning and so on certainly bear witness to her desire to make things pleasant for others and for herself, and as such are a manifestation of love for other people and for the things she cares for. But at the same time she also gives expression to her aggression in destroying the enemy, dirt, which in her unconscious mind has come to stand for 'bad' things. The original hatred and aggression derived from the earliest sources may break through in women who make life miserable for the family by continuously 'tidying up'; there the hatred is actually turned against the people she loves and cares for."[2] In other words, the sublimation breaks down.

Although these principles might seem to be almost self-evident, it is astonishing to discover what widely divergent opinions prevail on the subject of work. In an age when billions of dollars are spent in promoting efficiency and increased production, an age when work has been exalted to being the justification of existence, it is almost unbelievable how consistently the basic requirements of work are overlooked. The psychological prerequisite of successful labor is dimly perceived and poorly manipulated even by those for whom it is a problem of paramount importance. Consider the stupid and costly blunders of industry in relation to manpower. The organization of labor against its employers furnishes workers with a closely knit brotherhood and a formidable enemy upon whom they can project all their aggressions. The men in power see this as a menace and attempt to make their position more secure by fighting; but in doing so they are forced to yield ground because of the losses they incur in decreased production. The stiffer the opposition, the stronger waxes the battle, until much of the energy which would otherwise go into production of goods is deflected into personal warfare. That some of this waste is unavoidable is probably true, for the aggressive instinct seems never to be satisfied with entirely impersonal objectives. But that it may be redirected toward other ends is shown by the way in which labor difficulties become unpopular during war when employers and employees unite against a common foe. This is what has happened in England and in Russia; it is beginning to develop belatedly in our own country. The feeling of brotherhood among workers and employers is intensified and their hostilities are directed against national enemies.

Personal psychology has been so discredited in the entire set-up of industry, and the profit motive has been assumed to be so powerful and all-controlling, that satisfaction in work has come to be assessed entirely in terms of wages and hours, not only by employers but by the employees themselves. Yet, from the standpoint of psychology, the recurring industrial and economic depressions might seem, in some degree, the result of

profound dissatisfactions and disappointments in work, on the part of both employers and employees. When psychology has been applied to industry, it has too often been patronizingly used as an aggressive tool to perpetuate or feebly patch certain obvious evils. We pay only lip service to the idea of increasing production and profits by constructive reorganization of workers and redirection of aggressions, and both sides look hopefully to the government for redress and support.

An extraordinarily important study of a small group of workers in the Western Electric Company was made by some psychologists.[3] For five years productivity was checked daily and compared with all sorts of conditions affecting the employees—their health, their working conditions, their home conditions, their attitudes, and their general morale. Of the many conclusions the most pertinent to the present theme is the fact that no matter what changes were made in working conditions, in management techniques, in hours of labor, etc., if the change was made with the ostensible purpose of benefiting the workers, efficiency and production were immediately and markedly stimulated. Reducing this to the simple terms of our thesis, we would say that, prosaic though it may sound, fostering the the affection of workers for an employer is more important than any specific concession or regulation, because it permits more complete sublimation of the aggressive impulses which otherwise "leak out" in the form of resentment against the employer.

Economists do not deny that disturbances in industry are based on fundamental human conflicts. The dynamic nature of these conflicts is a legitimate study for psychiatrists, but these have confined themselves largely to the study of individuals and to neurotic attitudes toward work in the individual. The inability to play brings some persons to the psychiatrists; the inability to work brings many more. It is from the study of these that the general principles enunciated above were derived.

The average person may suppose that when patients come to a sanitarium for the treatment of what appear to be relatively mild maladjustments, the great problem is how to keep them busy, how to fill their leisure time. It will probably astonish many, therefore, when I say that the great problem in every well-conducted sanitarium is how to get the patients to do *anything*! The place may offer ten times as much to do as the average patient can bring himself even to attempt; but, despite all the efforts of the medical director, the medical staff, the nursing staff, and the therapists—despite schedules and regulations and exhortations—the patients manage to evade with an uncanny skill every opportunity for amusement, recreation, exercise, constructive craft work, and all the other devices so carefully planned for them. At the moment I am thinking of a rather characteristic example—the son of the president of a large manufacturing

concern. Although the patient had an older brother, he expected ultimately to succeed his father as head of this business. However, he was thirty-five years old and he had never stuck consistently at any task. Several times he had worked briefly in the executive offices of his father's plant, but he soon became irritated at what he regarded as his father's bad management and either engaged in sharp arguments with his father or abandoned his duties for an alcoholic debauch or an extended loaf in California or Florida. He came to the sanitarium for treatment because of severe headaches which were recognized by his physicians to be emotional in origin and related to his terrific rage against his father—a rage which while not entirely unjustified at times, was scarcely becoming in this indolent son.

It was easily recognizable that his indolence, like his headaches, was the result of an emotional reaction of fear and hate directed toward his father. But it was interesting to see how this reaction was carried out during his sanitarium residence. Although he was very anxious to get well and worked earnestly and co-operatively at any treatment that was immediately supervised by the physician—including, for example, his psychoanalytic interviews—everything else about the sanitarium he considered negligible. Time after time he reiterated his eagerness to get well and to go home. For many months during his treatment it was only rarely that he would turn his hand to doing anything constructive, even when urged by the physicians to do so for his own health. He would walk five or ten miles a day for exercise but would not lift a spadeful of dirt or make a single puppet; he would play tennis occasionally but he would never roll the tennis courts. He would play bridge until he had a blinding headache, but he would not set up a bridge table or manage a tournament for the pleasure of the other guests. Although his education needed supplementing in many particulars, he refused to attend any classes. During the first ten months of his stay he spent altogether only four hours in the craft and carpentry shops.

Toward the end of his treatment, when the energy locked up in his inhibitions began to be released, he began to take increasing interest in the very things he had so long avoided. It is a frequently observed paradox that when a patient really begins to take full advantage of the opportunities of psychiatric treatment he is approaching the time when he is able to give it up and return home.

Perhaps three-fourths of the patients who come to psychiatrists are suffering from an incapacitating impairment of their satisfaction in work or their ability to work. In many it is their chief complaint.

The harnessing of aggressive energy in work may break down so that the aggressive energies threaten to emerge directly and destructively; this

then requires the erection of emergency defenses—costly, last-minute barriers against exploding. We recognize these defense measures as symptoms of illness; the more significant "illness" is the inability to work, to sublimate; and the genuine, deeper illness is the uncontrollable excess of hostility.

Another index of our lack of scientific thinking in regard to the function of labor is our colossal ignorance and neglect of the problem of vocational choice. Here is one of the momentous decisions that cast the lives of human beings in fixed though diverse channels. Perhaps next to the choice of a marital partner, it is the most important and far-reaching decision made by the individual. (A place of residence is important, as are a standard of living and a selection of friends, but these things often depend immediately upon the mate and the vocation chosen.) Yet the subject of vocational choice has had all too little scientific investigation and is at best only the field of a few specialists. Both in literature and in psychology there appears to be a tacit assumption that one's vocation is something almost foreordained, something determined by chance and circumstances—or, to give them their more sophisticated titles, by economics and the social pattern. One inherits a family interest in a business or a profession, or acquires one by inspiration, or happens upon an opportunity which he exploits.

It is singular how little support psychiatry and psychoanalysis have given to those commendable efforts in the direction of vocational education which a few specialists have put forth.* If one has occasion to observe in a young adolescent about to be graduated from high school his struggles over a choice of college and, particularly, over his course of study in that college, one cannot but be grateful to those who have made some effort to put at his disposal a survey of the complicated activities of life in which he will soon be forced to participate in some capacity or other. It would seem as if there were some taboo on the subject that makes us so loath to accept it as a necessary part of education. Not only we, but also the educators, are at fault in this respect. A survey of educational and vocational opportunities is seldom afforded a student until too late to be of much practical value. It was only a few years ago that colleges introduced orientation courses, and for the most part these served to orient the student with regard to knowledge only but not with regard to practical activities. Most of the high schools of the country have no courses in voca-

* See the following books: Arthur J. Jones, *Principles of Guidance*, McGraw-Hill, 1934; Donald G. Paterson, *Men, Women and Jobs: A study in Human Engineering*, Univ. of Minnesota, 1936; Donald G. Paterson, *Student Guidance Techniques*, McGraw-Hill, 1938; Edmund G. Williamson, *Student Personnel Work, an Outline of Clinical Procedure*, McGraw-Hill, 1937.

tional guidance, and in none of them, so far as I know, is such a course compulsory. Even in those where it is offered, it seems to be presented in such a way as to be of value to only a small percentage of the students. Of course, no vocational-guidance course in high school or even in college can hope to explore *unconscious* reasons for vocational choice, either in general or in particular. Furthermore, as one wise teacher put it to me, how can one expect the secluded and protected teachers in such institutions to present even the known realities about worldly professions and occupations?

Of course, there is some extenuation for this lack. One might assume that to high school students who are unable to afford further education the question of vocation is largely a question of opportunity and chance. On the other hand, for those who can afford to go to college, the entire college career might be looked upon as an orientation in vocational possibilities. Sometimes it works out this way, but all of us have seen cases in which a vocation must be decided upon before the student has gone far enough in college to know much about the world, past or present.

What is there about the practice of medicine, for example, that appeals to the young man as yet undecided about how he will exchange his efforts for other worldly values? The college or high school student has no very accurate idea about what the practice of medicine is, and he makes his decision largely on the basis of certain conceptions that are more or less illusory. Among the advantages that attract the young man or woman to medicine is probably the traditional dignity and social rank of the medical man. Some of this is perhaps unrealistic, but for the most part it is based upon a long tradition and a sound one. There are certain financial and social accruals that can reasonably be expected if one has obtained a legal prerogative for selling professional advice and services. Furthermore, this promised economic security is of an independent variety—"the doctor is his own boss," so they mistakenly think.

Such features of a profession probably have a wide though very superficial appeal. Banking has, or at least did have, more social prestige and better financial rewards than medicine and requires much less training and, theoretically, less intelligence. The practice of law permits an equal amount of independence and has more opportunities for personal exploitation.

Then, in certain instances, there are the purely fortuitous circumstances of family tradition or special opportunity. In many countries it is the custom for the son to follow the trade or profession of his father, and we know that even in America there is some tendency in this direction. How much this is to be ascribed to the special practical advantages which it makes possible, such as the inheritance of a practice, and how much to the

psychological factors relating to the son's attitude toward the father must vary in different instances.

The wish to please one's parents, to live up to their ideal or ambition, is frequently a strong conscious determinant in the selection of a life work. The mother who wants her son to be a minister, the father who wants his son to follow in his footsteps, are familiar contemporary figures. The son may comply because he desires to please his parents or because he fears to displease them. If his psychological maturity is somewhat greater, he will comply or not comply because of more external and objective reasons, not excluding the actual inspiration that he may have found in the profession of his father or that of some father substitute.

But we know that beneath the conscious and therefore more superficial determinants there are unconscious motives which strongly influence any decision. Among these, in the case of vocational choice, one must undoubtedly include the unconscious reaction of the son to his father's attitudes. Where the conscious identification with the father in the selection of the father's profession will appear to be positive, there will be negative valences in the unconscious and vice versa. In other words, a son may select his father's profession, or one that the father wishes him to follow, ostensibly because it flatters and pleases the father; but unconsciously such a son will often be motivated strongly by the repressed impulse to compete with, eclipse, or supersede his father. Similarly many a son who disappoints his father by what appears to be an aggressive rejection of the parental hopes is unconsciously deterred by love of the father, or by the fear of entering into competition with him. It reminds one of that parable of Jesus about the two sons, one of whom said quickly and politely, "I go, sir. I do your bidding," but went not; while the other said, "I will not, I refuse to obey," but did.

In a somewhat different way the unconscious attitude toward the mother, particularly the mother who has definite opinions as to the preferable vocation for her son, likewise influences his choice by very reason of her attitudes sometimes in one direction, sometimes in another.

All vocational choice ought therefore to be considered from three preliminary standpoints: (1) Have the parents indicated any preference? (2) Is the son inclined toward or away from the particular preference of the parents? (3) If the father's preference is something other than his own profession, is the son's inclination toward either the father's own profession or his preferred profession, or is it opposed to (away from) both? These questions should underlie the more usual investigation of personal qualities: preparation, prospective financial return, etc.

In this digression concerning the motives that determine the selection of various types of work, we may seem to have lost sight of our original thesis;

namely, that one function of work is the sublimation of the aggressive impulses. The unconscious gratifications outlined as important for the selection of medicine or any other vocation represent not the energy, aggressive or otherwise, which is vocationally invested, but rather the internal criteria determining the direction in which the energy is turned. If a hostile force attacks a city, the citizens will spring to arms in defense of it. Even the criminals of the community might be willing to join in. One could say then that the aggressive impulses of the citizens of that community had been externally stimulated by the feeling of need for security, the defending of their city. However, a similar belligerent defense might be stimulated merely by more or less groundless fears of the possible approach of such as external menace. This would be an aggressive reaction in response to an internal stimulus. Similarly, when I say that the need for a feeling of greater security is one of the motives impelling the selection of a certain profession, I mean that this is one of the ways in which the aggressive energy is stimulated and indicates the objective toward which it is, in a refined and disguised way, directed.

It will be a long time before we arrive at a comprehensive analysis of the unconscious motives involved in all the various specialties of human labor, but what I have outlined here is sufficient to illustrate the possibilities, based on the original postulate; namely, that the destructive instinct may be modified by the sublimating effects of the erotic instinct into the constructive activity of work. When the doctor administers quinine for malaria or arsenic for syphilis, he is using a refined type of aggression, displaced from its original unconscious aim and directed toward an actual, dangerous foe. And just as the doctor combats disease and the agents of disease, so the teacher combats ignorance, the lawyer crime, the economist poverty, and the minister vice. Nor does this leave out of account the creative artist who combats ugliness, monotony, and boredom. These, too, are enemies of mankind. And in all of these activities the worker, by using his aggressive energies to save others, is saving himself.

In any circumstances, therefore, work is necessary and work does us good; but does work give us pleasure? Is it, as Marcus Manilius claimed, "a pleasure in itself"? Around this question revolve problems of world importance—problems of labor legislation, labor organization, vocational choice, public policy, personal adjustment. It is certainly no such open-and-shut question as many blandly assume. It is all very well for Tertullian to say, "Where our work is, there let our joy be"—for Carlyle to ask, "What is the use of health, or of life, if not to do some work therewith? . . . Blessed is he who has found his work; let him ask no other blessedness"—for Emerson to record that "When I go into my garden with a spade, and dig a bed, I feel such an exhilaration and health that I discover that I have

been defrauding myself all this time in letting others do for me what I should have done with my own hands." The fact remains that Tertullian, Carlyle, and Emerson were not compelled to spade up gardens or dig ditches or lift stones or plow furrows; they did as much of these things as they enjoyed and under no external compulsion; they ceased when they became weary; they accounted to no one for the product and to no one for their time. It is all very easy to say in theory that work is one of our pleasures; human experience refutes this as often as it confirms it. Those who rhapsodize about the joy of labor are likely to be persons who are not obliged to do much of it.

There is no evidence that work is in itself pleasurable; the question is rather: In what circumstances is it pleasurable? These circumstances include certain external conditions and certain internal conditions. *Externally* there must be a minimum of compulsion, an opportunity for comfortable group feeling with fellow-workers, absence of intense discomfort or fatigue in the performance of the work, proper provision for interspersed rest and recreation periods, a realization of pride in the product and a conviction that the work is useful and appreciated. *Internally*, there must be relative freedom from guilt feelings connected with pleasure and from neurotic compulsions either to work or not to work. The latter are carried over from the childhood era when work is a method of dealing with reality, not elected by the child but acquired by him from his parents. So long as his thinking is governed primarily by the pleasure principle, the child sees no necessity for work except the parental compulsion. If his introduction to reality has been accomplished with sufficient smoothness and grace, he will appreciate those tools which enable him to deal with it productively, but the technique of teaching a child to work is something we know very little about. We only know that most children are so clumsily taught that they seem to have learned more about how not to work than about how to work. Not methods so much as attitudes need to be taught.

THE CRITICAL MOMENT IN PSYCHOTHERAPY

MAXWELL GITELSON, M.D.*

In the field of organic medicine our approach to the patient is, from the beginning, rational. Long before any of us has gained access to a bedside he has been thoroughly grounded in the anatomy, physiology and pathology of somatic illness. This is antecedent to all clinical techniques. What we do or refrain from doing is determined by our understanding of the implications of the syndrome which confronts us.

I propose to demonstrate, in the description of a single clinical experience, that the same is true in the field of psychological medicine. I propose to show that there is no room in psychiatry for an empiricism which takes symptoms at their face value and deals with them according to a rule of thumb therapy.

CASE HISTORY

Fifteen months ago a young professional man appeared in my office. He was greatly distressed by the fact that his wife had been diagnosed as having a schizophrenic psychosis. Shock treatment had been advised. What should he do?

He gave the following history: He was an emigré. He and his wife had met as students and had been married five years before. Together they had worked towards the same professional career. At the time of their arrival in this country he had completed his training and had been able to obtain employment in his field. However, his income had been inadequate to support them both and it had been necessary for the patient to seek employment also. It had been her intention to complete her own training in this country. Consequently, she had looked for work in a minor capacity in her chosen profession. Unfortunately, the best she had been able to do was to obtain a position as a charwoman in an institution where her specialty was taught. She had accepted this work with the hope that ultimately she would be given an assignment commensurate with her actual talent. On this basis she seems to have made a good adjustment. Then, after some months, she was transferred to work, in the same menial capacity, in the dormitory of the institution.

For some time thereafter no disturbance was noted. However, about

* From the Department of Neuropsychiatry, Michael Reese Hospital, Chicago. This paper was read in this form before the Illinois Psychiatric Society, March 5, 1942, and the case referred to in a longer presentation before the Topeka Psychoanalytic Society and the Staff of the Menninger Clinic, in Topeka, January 30, 1942.

three weeks before I saw her, the patient had begun to complain to her husband about ill treatment. The residents of the dormitory were making specious remarks about her. She had "heard" that they were accusing her of thefts. They were "whispering" about that she had some nefarious purpose in working as a housekeeper. They were making insulting remarks which depreciated her. Two or three days previously, she had become quite upset and reported that she had heard two of the residents of the dormitory talking about paying someone to rape her and kill her. Finally, she had reported that these persons had induced the cook to poison her food in order to be rid of her.

The husband stated that previously the patient had been an earnest, energetic, cheerful person. She had never been seriously ill. He himself had tended towards depressiveness and anxiety and his wife, from the beginning of their acquaintanceship, had been his mainstay.

What are the essential facts? First and most important, we hear that the patient's husband, formerly dependent on her, is now successfully launched on a career to which she also has aspired; second, we are struck by her own, contrasting, lowly employment; finally, we observe a disturbance characterized by fantastic notions of hostility directed towards her by persons of whom she was the actual equal but whose conventional status was superior.

What must we understand in these facts before we have ever seen the patient herself? It must be obvious that she had sustained a severe blow to her self-esteem. On the basis of what is known of human interpersonal relationships we must see that this must have involved self-comparisons with not only the residents of the dormitory but with the husband whose equal or superior she had been. We must surmise her bitterness and suspect the intensity of the hostility she must have felt towards all those, including her husband, who were more fortunate than herself. Finally we must appreciate how untenable such a hostile position could be for a decent, faithful wife and how the fantastic delusions could be her way of turning on herself the unacceptable feelings which circumstances had generated in her towards others. In these understandings were found the specific indications for my activity as a psychotherapist.

First of all this meant a specific bolstering of her lost self-esteem. Consequently, though she was administratively a clinic patient, I arranged to see her in my private office in the hospital. When she was announced by the room clerk, I did not wait for her to come to me. I went directly to her in the lobby, greeted her as a social equal and conducted her personally to my office.

I saw a pale, thin young woman, poorly but neatly dressed. A smile

played fitfully over her face throughout the interview. She appeared distant and unaffected. I opened the way for her with a question to this effect: "Your husband has told me that you are unhappy and in trouble. Can you tell me about it?" I listened with quiet attentiveness and only occasionally did I ask a question which aimed at elaborating what appeared to her to be the facts of the case. These were essentially as stated by her husband. She did not consider them fantastic and I did not enter into any discussion of them. When she had finished I said to her, quietly, but positively, that I did not believe that these were her troubles. I said that it looked to me as if she must really be upset by what she was having to do in the interest of her career. I said that it looked to me as if this had been harder to bear because of the others, to whom she felt at the same time equal and inferior. Finally, I told her that I would like her to know that I myself had worked at lowly jobs in the interest of my career. And I described some of their details to her. I concluded a thirty-minute interview with the suggestion that she herself phone me the next day for an appointment. And I conducted her back to the lobby of the hospital.

The following day I met her again in the lobby. The picture was entirely changed. The affectless smile was gone and she was manifestly depressed. She informed me that after the first interview things had suddenly taken on a different shape. The fantastic character of her story had dawned on her. She had been able to reconstruct the situation which seemed to her to have produced the acute elaboration of her illness. This was as follows:

Two weeks previous to the onset of the acute symptoms one of the instructors at the institution where she was employed had requested her to translate a certain foreign article for him. She had agreed to meet him in the library and they had arranged that he should call her from the housekeeping quarters for this purpose. His subsequent failure to keep the appointment had impressed her as meaning that he would have been glad enough to get her help but would have been ashamed to be seen with her. The day before that her husband had been promised an improved professional connection by the benefactor who had brought them from Europe. This person had at the same time told the patient that for the time being she must continue to work where she was. These episodes had been preceded by several months of depression which she had been unable to reveal to her husband because of his egoistic concern with his own prospects and his emotional dependence on her.

It must be clear that by treating her tacitly as an equal and by taking her into a degree of confidence about myself I had made it possible for the patient to face more directly the fundamental emotions from which she had

fled into psychosis. By giving her thus a basis for a tenable self comparison I had demonstrated to her that her position was not so hopeless nor so depreciated. Furthermore, it can be seen that my early understanding of the dynamic relationship of the elements of the situation had made it possible for me to go directly to the heart of the matter and thus to establish a *real* contact with her. We can now appreciate that the apparent paranoid schizophrenia represented an effort to throw off unbearable desolation and unacceptable hostile resentment by the method of projection. The upshot was the uncovering of a reactive depression which had been the primary consequence of the pathogenic insults.

The further course of the case was as follows:

At the end of the second interview, I had advised that she must give up all thought of work for a time and that I would see what could be done in the meanwhile in the way of getting a more suitable placement for her. This I proceeded to do. In the third interview, two days later, I was able to bring into quite open discussion her angry resentment towards the residents of the dormitory and towards the instructor who had snubbed her, connecting this with her envy of them. These feelings were at this time more readily accessible and more easily acceptable to this emotionally sensitive patient.

The fourth interview, again two days later, saw the depression lifted. Ventilation of her hostile feelings and their natural acceptance by me had relieved the need for self-criticism and self-punishment. She spontaneously now talked with much tender emotion of the terrible things that Nazi nurses had done to young men who had been returned from concentration camps to urban hospitals. One of them had become psychotic as she herself had been. When I asked her what she thought was the point of the occurrence of such painful memories now she responded immediately, without apparent insight, as follows: "Yesterday my husband got his new position." She then expressed herself as happy about this though it was a disappointment also because it meant that she could not leave the city; she would have liked to do this in order to escape from the stigma of her illness. Then she went on to state that she had had the following dream the night before.

I now suggested that there might be reasons for her disappointment about her husband's new job other than the one she had given. I recalled that she had said that she was disappointed but happy too. I asked her if she was under the impression that human beings could be perfect. She re-

Dream: First she is a student. Then she has attained her ambition and is at work in her profession. But the head of the doctor who first examined her keeps bobbing up before her telling her she is crazy and should not be successful.

sponded negatively. I commented then that it would be natural for imperfect human beings, despite a sense of moral obligation to others, to have feelings which had regard only for their own interests and wishes. Perhaps her disappointment was not merely with the fact of having to remain in the city? Perhaps it had something to do with seeing her husband arrive at a goal which was for her still far away? Decent people do not give free play to the feelings attached to their personal disappointments. That was why she was happy about her husband's new work. But that, also, was why she had become ill. That was why in the dream she seemed to be saying to herself: "I do not deserve to be a student or to attain my ambition because I am disappointed to see my husband get something which I want for myself."

The patient accepted this with silent acquiescence. I did not discuss with her the deeper implications of the emergence of her bitter memories about the Nazis. We ourselves can see clearly enough that these memories, unlike the self-punishing dream, were a more direct expression of her envious anger towards her husband. We recognize that the attitude of pity and sorrow served to deny to the awareness of the patient the more primitive and most unacceptable aspects of her hostility. But in a limited psychotherapy such as this, I purposely refrained from breeching such a defense. Instead I capitalized on its existence to make it possible for her to tolerate the socially acceptable degree of resentment which had also been rejected.

At the end of this interview I stated to the patient that the situation seemed to be moving towards a final successful conclusion. It was my purpose with this remark to decrease the possibility of fixation in the transference and a possible regression. Again, because my therapeutic goal was limited to the social rehabilitation of the patient, I chose to avoid the initiation of a process which would inevitably result in the evolution of deeper affects. Consequently, I talked with her in terms of the fact that she would have to continue to work and struggle and that some compromises might be necessary as in the case of all of us. I hoped thus to support her hold on reality by decreasing her sense of difference and isolation.

During the next three and a half months, I saw the patient five times at increasingly longer intervals, though she always knew that I was available to her. We continued to discuss various aspects of her competitiveness with her husband which were covered up by attitudes of protective wifeliness. She suffered a number of minor depressive reactions but continued to gain ground physically and emotionally. When I saw her for the last time she was again an active, cheerful young woman. For the first time in her relationship with her husband, she reported, she had been able to allow

herself to be justifiably angry and had felt better for it. I approved of the validity of her feelings.

FOLLOW-UP

A report ten months later by an interested social agency reads in part as follows: "... through her own efforts Mrs. X. secured a factory job." ... and made another attempt to obtain a placement in a professional school but failed.... "She gave the worker this information with a surprising amount of ease.... The general tone was one of 'better luck next time'. She was more relaxed than the worker had ever seen her."

A final follow-up report, obtained fifteen months after the first interview and eleven months after the last one, indicates the patient to be continuing in good physical and mental health. She has been able to take several difficult situations in her stride and is at the present time considering a necessary change in her plans which involves the choice of a more modest career.

CONCLUSION

The critical moment in psychotherapy is determined by a complex of several factors. The physician contributes to it his immediate sensitive awareness of the basic realities of the patient's problem regardless of the phenomenological elaboration the problem has undergone. This means that intuition must stem from an explicit knowledge of the laws of interpersonal experience and behavior. As in somatic medicine, thus also in psychological medicine we must accept the limitations of our information and powers. Within these limits, however, we are fully responsible, in both fields of our endeavor, for that knowledge and understanding which makes it possible to act definitively where such action is called for by the facts. It is not a mere matter of persuasion, or suggestion, or reeducation, or domination, or shock treatment, as the case may be. Our techniques must be precisely psychological, specific in terms of the specific instance of human trouble which we are called upon to treat. In each instance we must hope to act with precision and timeliness.

If this is possible and the physician can quickly penetrate the overt symptoms to a realization of what they truly imply then the latent "sense" can be dealt with more or less explicitly and the likelihood of a dynamic contact with the intact ego of the patient is vastly increased. This does not mean that the fortunate case which I have presented is an example of what we can always expect. No one will think that I am talking of panaceas. It does mean, however, that in existing knowledge we have the basis

for more effectively reaching and mobilizing the patient's own powers for movement towards emotional health.

The patient's part in the critical moment is his readiness to be thus mobilized. This comes first, from his actual fear of the rampant impulses which psychosis liberates, and then, from his yearning for the renewal of a real contact which is more bearable than that with the original traumatic reality. It is recognizable in a glance, a postural change, or a nuance of vocal inflection in the moment in which the therapist has struck the first true note. In the psychoses this readiness may be quite evanescent and relatively soon destroyed. If we can grasp it while it is still in reach, a rationally precise and prompt human action is worth a hundred shocks.

FREUD'S CONTRIBUTION TO THE PROBLEM OF MENTAL HEREDITY

By Leo H. Bartemeier, M.D.*

Freud's theory of the role of the hereditary factor in mental illness is seldom discussed either in clinical gatherings or in the literature. His discoveries about the environmental factors have proven so valuable in understanding and treating the neuroses that clinicians have focussed their entire attention upon this aspect of his theory. This preoccupation with traumatic infantile experiences and their role in the formation of later neurotic illness has been productive of much that is good but unfortunately it has given the impression that Freud attached little or no importance to the constitutional factor in these disorders. In some instances, also, this failure to keep in mind Freud's *total* theory about the etiology of the neuroses has led to an unwarranted optimism in regard to the therapeutic possibilities in certain cases. This unhappy outcome is in sharp contrast to the therapeutic pessimism which resulted from attributing too much significance to heredity by those who did not accept the theory of Freud. To find a happy medium between these two faulty orientations, it seems advisable to review briefly what Freud taught about heredity as a causative factor in psychopathological formations.

He presented his theory on this subject in 1896 in an historically notable treatise entitled "Heredity and the Etiology of the Neuroses".[1] In this article he expressed the view which continues to find universal acceptance today. He maintained that in most cases of mental illness both inherited and acquired factors have combined in the etiology. This was a radical departure from the theory of his former teacher, Charcot, who so "overestimated heredity as a cause that no loophole was left by which nervous disease could be acquired".[2] Freud regarded the neuroses as "serious, constitutionally determined affections"[3] and throughout his numerous writings, over a period of more than forty years, he made frequent references to the influence of the inherited predisposition in these illnesses.

The theory which Freud formulated about mental heredity was derived from the observations he had made in his medical practice and from theoretical speculations drawn from the same source. It is a clear, concise explanation, in keeping with the theory of inherited predisposition to organic disease, and so well constructed that Freud never found it necessary to alter it subsequently.

*Presented at the Twentieth Annual Convention of the Central Neuropsychiatric Association, Detroit, Michigan, October, 1941.

The theory is characterized by an etiological formula composed of three factors which are regarded as being necessary for the occurrence of a neurosis. The first of these is the factor of heredity. The second is what Freud referred to as the specific cause and the third he described as the concurrent or accessory cause. By the specific cause, Freud referred to the traumatic incidents of early life which comprise the serious disturbances of instinctual development. Prolonged nursing or overly severe methods of toilet training are examples. The concurrent or accessory cause includes "the everyday factors (such as overwork, acute infections, disappointment in a job or in love) which are most often exclusively blamed by the patient." Very frequently these accidental causes hang together with the specific ones. In this connection, we are often reminded of how marriage leads to a repetition of an infantile neurosis. A girl who tries to get away from her mother with whom she was tied in an ambivalent relationship, in her marriage repeats the same relationship and finds her mother in her husband. A man marries and becomes disappointed in the relationship with his wife because he expects the gratification of his infantile wishes which cannot be fulfilled in the adult situation. With respect to the accessory causes, Freud said "they often fulfill the function of precipitating causes, bringing the hitherto latent neurosis to the surface."[4] They "can replace the specific etiology quantitatively but can never completely supplant it"[5] and they are not always indispensable.

These three factors in the etiological formula, heredity, the specific cause and the accessory cause "differ in their importance and in the way in which they are related to the effect they produce. In the pathogenesis of the major neuroses (hysteria and obsessional neuroses) heredity plays the part of a *condition*, potent in all cases and even indispensable in the majority of them. It cannot do without the assistance of the specific causes; but the importance of hereditary predisposition is demonstrated by the fact that the same specific causes operating on a sound person would produce no manifest pathological effect, while its presence in a predisposed person will precipitate a neurosis, the development of which will in intensity and extent be proportional to the degree of hereditary predisposition".[6] "There is another point to be noted in the relations between the hereditary condition and the specific causes of the neuroses. Experience shows, as might have been anticipated, that among the problems of etiology, that of the *quantitative* relationship of the etiological factors to one another should not be neglected".[7] But, as Freud says, "one would not have guessed the fact which seems to follow from my observations that heredity and the specific causes may replace one another quantitatively. The same pathological effect will be produced by the co-existence of a very grave *specific* etiology and a moderate degree of predisposition as by that of a severe neuropathic

heredity with a *slight* specific factor. So that it is merely a quite possible extreme in this series when one finds cases of neurosis in which a tangible degree of hereditary predisposition is looked for in vain, provided that this deficiency is compensated for by a powerful specific factor".[8] From this statement, it is clear that Freud meant that in the neuroses the two etiological factors exist in a complementary series. He further described the relationship between the hereditary predisposition and the acquired factors very well when he said that the constitutional factor must wait for experiences to bring it to the surface while the specific factor needs the support of the constitutional factor in order to become effective. He compared the relationship between heredity and the specific causes of mental disorder to the problem of tuberculosis. "Is not the tubercle bacillus ubiquitous, inhaled by many more human beings than suffer from tuberculosis? And is its etiological significance impaired by the fact that it clearly needs the concurrence of other factors to produce the disease that is its specific effect?"[9] Historically speaking, it was now no longer correct to ask whether a mental disorder was inherited *or* acquired but rather to estimate *how much* of it could be attributed to the constitution of the patient and *how much* should be charged to post-natal influences.

In the therapy of the neuroses, we are unable to correct the constitutional factor in the way that we are able to modify the underlying intrapsychic conflicts which have their origin in the infantile period. Experience indicates, however, that when in the course of therapy the specific causes of a neurosis are resolved, the hereditary influences which had been called out, or which had been activated by these specific causes, then recede. They are not eliminated in the sense of being destroyed, but they become latent, as they were at the time of birth.

In describing the hereditary factors, Freud distinguished between those of recent and those of remote origin. The former are of familial whereas the latter are of phylogenetic derivation. An example of the more immediate inherited predisposition also illustrates how Freud's clinical investigations of the instincts provided a sharper delineation of the concept of the hereditary factor. The study of a patient, for example, who was a borderline psychotic showed that a marked accentuation of her oral sadism had been largely responsible for much of her suffering. It seemed evident that this intensification of her oral destructiveness had been partially derived from an inherited *oral* predisposition and that it had been further exaggerated by the direct influence of her mother during the first two years of her life. Both her parents were oral characters. Her father was an alcoholic and her mother was overly interested in food and its preparation. By prolonging the patient's nursing for two years, the mother had vicariously

gratified her own oral wishes through her unconscious identification with her child. Her own orality had therefore brought about a serious disturbance in the patient's instinctual development which played an important role in her subsequent mental disorder. In addition to the interesting fact of the double transmission to the patient from her parents of intensified oral impulses, it is also a good example of Freud's conviction that the individual's pre-natal and post-natal existence is more of a continuous process than had previously been realized.

In his General Introduction to Psychoanalysis, Freud wrote "the pathogenic significance of the constitutional factors is guided by how much *more* of a given component impulse is present in the predisposition over and above that of another; one can even conceive the predispositions of all men to be qualitatively the same and to be differentiated only by these *quantitative* conditions."[10] Some fifteen years later in his New Introductory Lectures on Psychoanalysis which contain numerous references to the problem of the hereditary factor in mental disorders we read the following statement which characterizes so well the conservative attitude found throughout his writings on this subject: "The expectation that we shall be able to cure all neurotic symptoms is, I suspect, derived from the lay belief that neuroses are entirely superfluous things which have no right whatever to exist. As a matter of fact they are serious, constitutionally determined affections, which are seldom restricted to a few outbreaks, but make themselves felt as a rule over long periods of life, or even throughout its entire extent. Our analytic experience that we can influence them to a far reaching degree, if we can get hold of the historical precipitating causes and the incidental accessory factors, has made us neglect the constitutional factor in our therapeutic practice."[11]

In his article on The Dynamics of the Transference, published in 1912, Freud added a footnote of considerable significance: "We will here provide against misconceptions and reproaches to the effect that we have denied the importance of the inborn (constitutional) factor because we have emphasized the importance of infantile impressions. Such an accusation arises out of the narrowness with which mankind looks for causes inasmuch as one single causal factor satisfies him, in spite of the many commonly underlying the face of reality. Psychoanalysis has said much about the "accidental" component in etiology and little about the constitutional, but only because it could throw new light upon the former, whereas of the latter it knows no more so far than is already known. We deprecate the assumption of an essential opposition between the two series of etiological factors; we presume rather a perpetual interchange of both in producing the results observed. . . . The relative etiological effectiveness of each is only to be meas-

ured individually and in single instances. In a series comprising varying degrees of both factors extreme cases will certainly be found. . . . Further, we may venture to regard the constitution itself as a residue from the effects of accidental influence upon the endless procession of our forefathers."[12]

With regard to the remote or phylogenetic factors of inheritance, Freud came to the same conclusions regarding psychic life which biology had demonstrated for physical development. In the same way that the embryological development of each individual constitutes a cursory repetition of the development of the species, so Freud was of the opinion that there exists a phylogenetic development of the psyche and an ontogenetic necessity to repeat it. For example, when a little boy who has no father develops strong erotic wishes for his mother, he has simultaneously to experience the same fear of castration as if he had a living father whose punishment he expected. How is this to be explained? Freud thought that he reaches out, as it were, into his prehistoric past and is impelled to experience what his ancestors experienced before him with a substitute father who may be the mailman, a teacher or a roomer in the house. In his Outline of Psychoanalysis, which he wrote in 1938 when he was already in exile in London and shortly before his death, he concluded that "dreams bring to light material which could not originate either from the dreamer's adult life or from his forgotten childhood. We are obliged to regard it as a part of the *archaic heritage* which a child brings with him into the world, before any experience of his own, as a result of the experiences of his ancestors. We find elements corresponding to this phylogenetic material in the earliest human legends and in surviving customs. Thus dreams offer a source of human pre-history which is not to be despised."[13] This conclusion was derived in the main from primal phantasies and symbolism.

Freud's remarks regarding symbolism as the evidence of phylogenetic inheritance are as follows: "As a result of the deeper study of the dream work, we gain valuable information about the rather unknown beginnings of our intellectual development. I trust this will be true, but this work has not, up to the present time, been undertaken. The antiquity into which the dream work carries us back is of a double aspect, firstly, the individual antiquity, childhood; and, secondly (in so far as every individual in his childhood lives over again in some more or less abbreviated manner the entire development of the human race), also this antiquity, the phylogenetic. That we shall be able to differentiate which part of the latent psychic proceeding has its source in the individual, and which part in the phylogenetic antiquity is not improbable. In this connection it appears to me, for example, that the symbolic relations which the individual has never learned are ground for the belief that they should be regarded as a phylogenetic inheritance."[16]

Freud raised the question whether all the modifications of the ego are acquired during the defensive conflicts of early childhood. He believed that "there can be no doubt about the answer. We have no reason to dispute the existence and importance of primal, congenital ego-variations. The single fact is decisive that every individual selects only certain of the possible defense-mechanisms and invariably employs those which he has selected. This suggests that each individual ego is endowed from the beginning with its own peculiar *dispositions* and tendencies, though we cannot predicate their nature and conditioning factors. Moreover, we know that we must not exaggerate the difference between inherited and acquired characteristics into an antithesis; that which has been acquired by our ancestors is certainly an important part of what we inherit. When we speak of 'archaic inheritance' we are generally thinking only of the id and apparently we assume that an ego was non-existent at the beginning of the individual's life. But we must not overlook the fact that id and ego are originally one, and it does not imply a mystical over-estimation of heredity if we think it credible that, even before the ego exists, its subsequent lines of development, tendencies and reactions are already determined. The psychological peculiarities of families, races and nations, even in their attitude towards analysis, admit of no other explanation. Nay, more, analytic experience convinces us that particular psychic contents, such as symbolism, have no other source than that of hereditary transmission, and research in various fields of folk-psychology seems to justify the assumption that in archaic inheritance there are other, no less specialized, deposits from primitive human development."[14]

Many observant mothers notice that each child behaves differently in the womb so that even before any outside experiences can reach the child, individual differences in unlearned behavior are already observable. In like manner, as the ego begins to develop, we are all impressed with the fact of how much children differ from one another in their attentiveness to and their awareness of the environment and while it is true that the attitudes of the mother and father are contributing factors, our assumption that children differ in their reactions from the beginning is unquestionably correct. Freud described the differentiation between the normal ego and the hereditary predeterminations in the pathological ego in the following manner:

"The ego can take itself as object, it can treat itself like any other object, observe itself, criticize itself, and do Heaven knows what besides with itself. In such a case one part of the ego stands over against the other. The ego can then be split; it splits when it performs many of its functions, at least for the time being. The parts can afterwards join up again. After all that is saying nothing new; perhaps it is only underlining more than usual

something that every one knows already. But on the other hand we are familiar with the view that pathology, with its magnification and exaggeration, can make us aware of normal phenomena which we should otherwise have missed. Where pathology displays a breach or a cleft, under normal conditions there may well be a link. If we throw a crystal to the ground, it breaks, but it does not break haphazard: in accordance with the lines of cleavage it falls into fragments whose limits were already determined by the structure of the crystal although they were invisible. Psychotics are fissured and splintered structures such as these."[15] In his comparing the ego to a crystal whose lines of cleavage are already predetermined so that when it breaks it does not break haphazardly we are reminded of the fact that we regard the psychoses as efforts at healing and restoration and we can imagine the predetermined lines of cleavage to which Freud has referred, to be archaically inherited potentials for self preservation, with which function the ego is so intimately identified.

In the following statement which appeared in one of his latest articles, Freud seems to have summarized his impressions regarding the etiological factors in mental disorders: "It is quantitative disharmonies that must be held responsible for the inadequacies and sufferings of neurotics. The determining causes of all the varying forms of the mental life of men are indeed to be looked for in the interplay between inherited predispositions and accidental experiences. Now it may happen that one particular instinct is innately too strong or too weak, or that one particular capacity is stunted or insufficiently developed in life and on the other hand it may happen that external impressions and experiences may make stronger demands upon one individual than upon another; and what the constitution of one person can deal with proves an unmanageable task for another. These quantitative differences are what will determine the variety of results."[17]

This brief outline of Freud's theory of mental heredity gives some indication of the rich contribution he made to this aspect of psychiatry. It has been presented because it has been so overshadowed by the therapeutic interest in the modifiable factors of illness that it has sometimes been lost sight of altogether. Failure to maintain awareness of the role of the inherited predisposition distorts therapeutic judgment.

REFERENCES

(1) *Collected Papers*, London, Hogarth Press, 1925, Volume I, pp. 138-54.
(2) *Collected Papers*, Volume I, p. 23.
(3) *New Introductory Letters on Psychoanalysis*, New York, W. W. Norton and Co. 1933, p. 210.
(4) Heredity and the Etiology of the Neuroses. *Collected Papers*, Volume I, p. 144.
(5) Ibid., p. 145.

(6) Ibid., p. 143.
(7) Ibid., p. 143.
(8) Ibid., p. 144.
(9) The Etiology of Hysteria. *Collected Papers*, Volume I, p. 205.
(10) *A General Introduction to Psychoanalysis*. New York, Horace Liveright, 1920, p. 326.
(11) *New Introductory Lectures on Psychoanalysis*, p. 210.
(12) *Collected Papers*, Volume II, pp. 312–13.
(13) Outline of Psychoanalysis. *The International Journal of Psychoanalysis*, Volume XXI, January 1940, p. 46.
(14) Analysis Terminable and Interminable. *International Journal of Psychoanalysis*, Volume XVIII, October 1937, p. 394.
(15) *New Introductory Lectures on Psychoanalysis*, pp. 84–85.
(16) *A General Introduction to Psychoanalysis*, p. 167.
(17) An Outline of Psychoanalysis. *The International Journal of Psychoanalysis*, Volume XXI, p. 61.

PRIZE ANNOUNCEMENT

A prize of $100 is offered by the Menninger Foundation for Psychiatric Education and Research for the best suggestion for a window display in a New York bank presenting the uses and purposes of psychiatry. The window is thirteen feet long, six feet high, and its deepest point about eight feet; it curves so that it is narrower at the ends. It will be seen chiefly by laymen and hence the display should be in the nature of an educational theme, convincingly and graphically presented. It should dramatize the way in which psychiatry can be or is being useful either in the present war emergency or in peace time.

The judges will be Dr. George Stevenson, Director of the National Committee for Mental Hygiene, Mr. Albert Lasker, of Lord and Thomas, and Dr. Lawrence Kubie.

Ideas should be submitted in detail, preferably with drawings or diagrams, directly to Dr. William C. Menninger, Director of The Menninger Foundation, Topeka, on or before January 31, 1943.

ROSTER OF MEDICAL AND NURSING STAFF MEMBERS AND FORMER MEMBERS NOW IN MILITARY SERVICE

BENNING, DR. HENRY
Position: Captain, Army, MC.
Address: 507th Coast Artillery, Camp Haan, Riverside, California

CARLSON, DR. CARROLL C.
Position: Captain, Army, MC
Address: Station Hospital, Biggs Field, El Paso, Texas

CRANK, DR. HARLAN
Position: Lieutenant s.g., USN, MC
Address: Naval Aviation Pre-Flight Training School, University of Iowa, Iowa City, Iowa

FRIEDMAN, MRS. JANE BLOMQUIST (M.T.)
Position: Private, W.A.A.C.
Address: Des Moines, Iowa

GREENWOOD, DR. EDWARD D.
Position: Captain, Army, MC
Address: Camp Carson, Colorado

LEWIS, MISS GARLAND (R.N.)
Position: Ensign, USN, NC
Address: Station Hospital, Great Lakes, Illinois

ORR, DR. DOUGLASS W.
Position: Lieutenant s.g., USN, MC
Address: Naval Hospital, Bethesda, Maryland

PESSIN, DR. JOSEPH
Position: Major, Army, MC
Address: Station Hospital, Fort Riley, Kansas

REIDER, DR. NORMAN
Position: Captain, Army, MC
Address: Santa Barbara, California

RICHEY, MISS JEAN M. (R.N.)
Position: Second Lieutenant, Army, NC
Address: 56th Evacuation Hospital, APO 304, % Postmaster, Leesville, Louisiana

ROBACK, DR. HARRY N.
Position: Major, Army, MC
Address: Letterman Hospital, San Francisco, California

ROBBINS, DR. LEWIS L.
Position: First Lieutenant, Army, MC
Address: 44th Air Depot Group, Brookley Field, Mobile, Alabama

SAXE, DR. EARL
Position: Captain, Army, MC
Address: Tilton General Hospital, Fort Dix, New Jersey

STONE, DR. MARK L.
Position: First Lieutenant, Army, MC
Address: 59th Station Hospital, Camp Gruber, Oklahoma

STRUBE, MISS MABEL (R.N.)
Position: Second Lieutenant, Army, NC
Address: Station Hospital, Roswell Field, Roswell, New Mexico

TIDD, DR. CHARLES W.
Position: Lieutenant Commander, USN, MC
Address: San Diego, California

TILLMAN, DR. CARL
Position: Lieutenant j.g., USN, MC
Address: U.S. Naval Training Station, Sampson, New York

WEISS, MISS M. OLGA (R.N.)
Position: Second Lieutenant, Army, NC
Address: Station Hospital, Camp Chaffee, Arkansas

INDEX TO VOLUME VI

Authors

Allen, Sylvia, *75
Bartemeier, Leo H., *190
Brenman, Margaret, *33
Gitelson, Maxwell, *183
Greenwood, Edward D., *78
Gregg, Alan, *137
Hilger, David W., *147
Houser, Leeta, *117
Kenyon, Vivian, 104, 105
Knight, Robert P., *4, *68, 105, *153
Lewy, Ernst, 105
Lozoff, Milton, 104, 105
Menninger, C. F., *65
Menninger, Jeanetta Lyle, *96
Menninger, Karl, *80, *96, 104, 105, 106, *170
Menninger, W. C., *38, *71, *92, 104, 105, 106
Rapaport, David, *87, 104, 105, *164
Robbins, Lewis L., *89
Stewart, Byron, *15
Zeller, Dale, *46

Subjects

Aggressive attitudes, 4, 8
American Psychoanalytic Association, 4
Anxiety, defense against, 4–14
Bird study, as hobby, psychological values of, 94–95
Book Notices, 28–32, 63–64, 107–108, 134–136, 166–167
Bridge, as hobby, 68–70
Chess, as hobby, 80–83
  psychology of, 82–83
Child, mental health of, 46–52
  psychiatry, 56
Convulsant drugs, 15–18, 20–24
Curare, 21–23, 25
Curriculum, school, from standpoint of mental health, 46–52
Dancing, as hobby, 78–79
Depressions (ab.), 105
Dietitian, responsibilities of, in a psychiatric hospital, 117–129
Education, concepts of, 47–52
  psychiatric, at the Menninger Clinic, 53–62
Educational therapy, 38–45
Electroshock, 15, 17, 18, 23–25
Emotions, in memory functioning, 164–165
Food therapy, 117–129
Freud, Sigmund, 34, 35, 36, 142
  theory of mental heredity, 190–197
General paresis, metrazol treatment in (abs.), 104, 105
Genito-urinary afflictions, psychological factors in (ab.), 104
Gestalt psychology, 33
Heredity, factor in mental illness, 190–197
Hobbies, psychological importance of, 65–102
Horticulture, as hobby, 65–67
Hypnosis, 35–37
Industry, psychology in, 175–176
Insulin, 15, 16, 25
Intimidation of others as defense against anxiety, 4–14
Lewin, Kurt, 34, 35
Macy Foundation, 164
Mask making, as hobby, 84–86
Menninger Foundation, The, activities of, 1–3, 33–37, 103, 130–133, 164–165, 169, 197
Memory, and emotion, 164–165
Menstrual flow, psychogenic influences on (ab.), 104
Mental health, of school child, 46–52
Mental heredity, Freud's contribution to theory of, 190–197
Metrazol, 16, 23
  convulsions in treatment of general paresis (ab.), 105
  in treatment of general paresis (abs.), 104, 105
Military psychiatry, and defense (ab.), 106
  in Army pre-induction medical examination, 147–152
  seminar, 1–3, 60
Military service, staff members in, 168
Monograph, new, in Menninger Clinic series, announcement of, 164–165
Music, classical, as hobby, 75–77
Neurology, 56
  definition of, 139
Neuropsychiatric examination, for use by Selective Service Boards (ab.), 106
Occupational therapy, 103
  research in, 103
Photography, as hobby, 89–91
Pitressin-Hydration Test, 152
Play, 65, 96–102
Poetry, psychological value of reading, 87–88

* Indicates an original article

Psychiatric evaluation of the sick person, (ab.), 104
Psychiatric hospital, food service and therapy in, 117–129
functions of, 109–116
Psychiatrists, and hobbies, 65–102
in military service, library service to, 146
in relation to local Selective Service Boards (ab.), 106
range of functions of, 139–146
Psychiatry, definition of, 137–146
military, 1–3, (ab.), 106, 147–152
Psychoanalysis, 139, 141–143
experimental substantiation of theory of, 33–37
instruction in, 53, 54, 59
of aggressive personality, 4–14
of "war neurosis," 153–163
Psychoanalysts, 4, 143
Psychoanalytic therapy, evaluation of results (ab.), 105
in "war neurosis," 163
Psychological testing, 169
Psychology, 57
in industry, 175–176
relation to psychiatry of, 143–144
Psychotherapy, 57, 163, 183–189
in shock therapy, 24, 25
Publications by members of the staff, abstracts of, 104–106
Recreation and morale, 65–102
Recreational therapy, 65, 77, 79, 97–102
Roster, of medical and nursing staff members in military service, 168, 198
Shock therapy, 15–27
Southard School, The, 130–133
as research project, 131, 133
Institute for Teachers, 60
Stamp collecting, as hobby, 71–74
psychological values of, 73–74
Sublimation, work as, 170–182
Sullivan, Harry Stack, 2, 3
Teacher, influence on personality of school child, 47–51
Therapy, educational, 38–45
food, 117–129
occupational, 103
psychoanalytic, 153–163
recreational, 65, 77, 79, 97–102
shock, 15–27
Urination and genito-urinary afflictions, psychological factors in (ab.), 104
Vocational choice, neglect of problem of, 178–180
"War neurosis," 153–163
compensation for (ab.), 105
Work, as sublimation, 170–182